



Inspection Report on

The Grove

**17 Ynyscedwyn Road
Swansea
SA9 1BE**

Date Inspection Completed

15/01/2020 & 17/01/2020

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Description of the service

The Grove Care Home provides care and accommodation for up to 30 adults requiring personal care, including those living with conditions such as dementia. The home is located in a residential area in Ystradgynlais. It is a large older, well-maintained building set in landscaped gardens, and provides a safe and comfortable environment.

The registered provider is Shaw Healthcare (Group) Limited and the responsible individual is Peter John Jeremy Nixey. There is a qualified manager in post who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People are happy with the service they receive, and receive person centred care by staff who understand their needs. People do the things that matter to them and are provided with choice in all aspects of their lives. Management within the home are effective and committed to continually improving the service they provide. Staff are recruited safely, well trained and fully supported to undertake their roles. People are cared for in a homely and welcoming environment that is well maintained and promotes their well-being.

2. Improvements

This was the first inspection of this service since it was registered under the new Registration and Inspection of Social Care Wales Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. They relate to the following:

- Records.
- Personal plans.
- Interaction and stimulation.
- Environment.
- Policies and procedures.
- Health and safety.

1. Well-being

Our findings

People are treated with dignity and respect by staff that know them well.

We observed warm, friendly interactions between people and staff throughout the inspection. There was a well-established team working at the home, with a number having worked at the home for many years. It was clear that staff knew people extremely well and had established respectful relationships. We saw staff providing care with dignity, respect and patience. Care workers were able to provide detailed information on the people they supported. People commented positively on staff, telling us *"It's a lovely place to live staff are wonderful"* and *"If it wasn't for the staff I would really struggle"*. People told us they regularly spoke Welsh to staff. A visiting relative told us *"I have built a good relationship with staff, and can speak to them about anything"*. We viewed care documentation, which clearly highlighted personal preferences, likes and dislikes of the person.

We saw that routines within the home were individual, with some people receiving full support, while others were supported to be independent with tasks. We observed a lovely interaction by a care worker assisting an individual to eat their breakfast. They were very attentive, calm and patient. People were supported to engage in social activities appropriate to their choice and abilities. There were a range of activities on offer including chair exercises, singalongs, and trips out in the wider community. These were arranged by the activity co-ordinator. Another individual enjoyed gardening and assisting to maintain the grounds, this was encouraged by staff. However, we felt that improvements were needed in developing a culture whereby all staff working within the home were responsible for stimulating and engaging in activities with people living at the home.

We conclude that people are happy, well supported and respected as individuals.

People can be assured that they get the care they require in a timely manner.

We saw staffing levels were appropriate to meet the needs of people using the service.

Staff also had a good understanding of the needs of the people they cared for. We viewed four care files and saw that they were in good order, and being regularly reviewed.

Although, there was no clear reference to the involvement of people and/ or their relatives in the personal planning and review process. We saw referrals had been made to external professionals and services in a timely manner. We viewed the storage and administration of medication and found these to be safe and robust. Medication Administration Records (MAR) were accurate and staff administering medication were knowledgeable and sensitive to people's needs. We viewed food menus within the home and saw a varied choice of nutritional meals were on offer. Staff had a clear understanding of modified diets and were attentive and flexible during meal times. Although, more consistency in documenting the nutritional intake of people being closely monitored was required

We conclude that the physical and emotional needs of people are being met.

People can be assured that they are safe.

There was open communication within the home, whereby any concerns were quickly addressed. Overall, people were cared for in a suitable environment that was free from hazards. Although, a review of mobility equipment in communal areas, and commodes in all bedrooms should be undertaken. We saw equipment to maintain the safety and independence of people using the service was being regularly maintained. We saw all staff had undertaken safeguarding of adults training and refresher training was also regularly provided. There was a robust safeguarding policy in place, and staff were fully aware of the safeguarding process. We saw the home had appropriate policies and procedures in place to ensure the smooth running of the home. These were accessible to staff, people and their relatives. There was also a comprehensive programme of maintenance and health and safety checks and audits.

We conclude that people are protected from abuse and neglect.

2. Care and Support

Our findings

People can feel confident that the service has accurate and up to date plans regarding people's care. We reviewed four people's files all of which were being reviewed monthly. We saw that personal plans and daily recordings reflected interactions with health care professionals, friends and family. The personal files included personal outcomes and clear ways of achieving them. There was a clear assessment procedure conducted by a qualified person, however some files did not include the local authority's assessment documentation. Therefore, it was recommended that the home receive the local authority assessment in order to ensure they can meet the person's needs prior to admission. Daily recordings reflected the support provided and these were clear and legible. Although we had no concerns regarding the wellbeing of the people within the home, it was noted there were no daily checks for people with poor skin integrity and the documents around weight loss required some improvement. Documents were current, signed and dated by managers although they did not evidence any consultation with people receiving care. We recommended that this was addressed. We conclude that personal plans are up to date and accurate although people should be actively involved in developing and reviewing them.

Individuals are provided with quality care and support, which considers their personal wishes, outcomes and any specialist support.

During the inspection, we witnessed several members of the public visiting people. We were told by them that care workers were "*marvellous*", "*wonderful*", "*very accommodating*" and that they had "*no concerns*". Health professionals, relatives and residents all provided positive feedback regarding the level of care at the Grove. We saw an activities monitoring form within personal files. However, these lacked detail in relation to the specific needs of the individual. There was an activities coordinator in place Monday to Friday. An activity timetable showed bingo; pamper sessions, exercise classes and a trip to Swansea museum during the week. We witnessed staff caring for people in an empathetic and compassionate way considering personal wishes and specialist requirements.

Therefore, people can expect quality of care and support which considers their wishes.

The service provider has sufficient mechanisms in place to safeguard people.

The organisation had a current, robust safeguarding policy in place, which identified key contact details for staff and people to use if required. We informed the manager that the local authority's safeguarding email and phone number should be included within this policy. We saw an incident and accident reporting system, which included detailed information and actions taken to minimise any likelihood of reoccurrence. The manager also felt they needed to improve their knowledge of the CIW on-line reporting system. We spoke with staff who were aware of whistleblowing and safeguarding procedures. We also viewed staff training records, which evidenced safeguard training being in date, staff also confirmed this. We spoke with people and relatives who said they felt safe and happy and could raise any concerns to staff and management if required.

Therefore, the service provider has mechanisms in place to safeguard people.

3. Environment

Our findings

The environment is suitable in order for care and support to be provided in a place which promotes the achievement of personal outcomes.

The home is set within a residential area and been converted to provide care to 30 people. There were large communal areas situated around the home. All spaces offered generous views of mature trees and a well-maintained garden. The home was a welcoming environment where we were greeted by happy and friendly staff. The internal décor was tired but we were told by management that the communal areas of the home would be refurbished later this year. Overall, the environment was light, clean and clutter free. We saw friendly kitchen staff who knew people's preferences and allergies. The kitchen held a food hygiene rating of 5 (very good) and there was a homely atmosphere throughout. We noted that the dining room and other areas of the home felt cold. We were told by management that windows were opened to ensure the home remained odourless and this was the case during our inspection. We recommended the temperature of the home be monitored. A tour of the home showed a range of bedrooms. These were all clean and tidy. Although, we did note that there were commodes in every room, which were not always required. We recommended the following:

- People were promoted to be independent and use the bathroom where possible.
- Where people used a commode, this is documented within their personal plans and agreed with the person.
- All commodes not required are removed from bedrooms.

We discussed with management the lack of storage in the home as we saw several wheelchairs and hoists being kept in the dining room. They were aware of storage issues and would consider other possibilities. We saw equipment, including all hoists, had been checked for their safe functionality. A new maintenance officer had recently been employed and was in the process of organising a pattern of work, as weekly fire checks had not been completed since October 2019. We met the maintenance person who was present both days during the inspection. They appeared organised and keen to develop into their role. We viewed the laundry room and the storage cupboard within it, which was open and contained hazardous items that fall under the regulations for the control of substances hazardous to health (COSHH). We discussed the risk this may pose to people living at the home and recommended for the laundry room to remain locked when not in use. We saw that a resident who was unable to leave the home alone had an appropriate deprivation of liberty safeguard (DoLs) authorisation in place. We saw the main entrance had an electronic keypad. We were told this was in place due to risk of falls from the steps outside the entrance. An appropriate ramp had been implemented at another exit. We recommended that people who can access the community are informed of the front entrance code and that this is recorded in their personal plans. Although there are some recommendations that need to be addressed, people live in a safe environment with adequate facilities and equipment in order to promote the achievement of personal outcomes.

4. Leadership and Management

Our findings

Information about the service is accurate, accessible and up to date.

A detailed Statement of Purpose (SOP) and written guide was in place and reflective of the service being provided. They were also easily accessible in the reception area of the home. The service was also in the process of translating these documents into Welsh. We were provided with a newly drafted compliments, complaints and suggestions policy. This was informative and provided the appropriate information for people to follow; this was also placed in an accessible position for people to access. We saw a number of compliments noted, and no complaints had recently been received. Policies and procedures were available and covered regulatory requirements, although the safeguarding policy required the contact details for the local authority.

Therefore, there is accurate and up to date information on the service to assist people to make an informed choice.

There are systems in place to monitor, review and improve the quality of the service for people. The responsible individual (RI) had been absent for a period of time.

We had been informed in a timely manner and appropriate interim arrangements had been put in place. We saw members of the senior management team had visited the home in line with the legal requirements of at least once every three months. These visits included speaking to staff, people living in the home and visitors. Questionnaires had also been circulated and completed. Feedback was very positive, and included comments such as *"it's a nice happy friendly home"*, *"nice staff"*, *"happy with all staff"*, *"staff always have time to chat with me"*. The home had recently been part of a transition from BUPA Care services to Shaw Healthcare (Group) Limited. Staff and people living at the home told us this had been a smooth process. The manager told us this had been made easier by the support provided by the quality and compliance team. Two members of the team were available at the inspection. They provided detailed information and assurance of the quality monitoring and improvements being implemented. This included a comprehensive programme of staff training in dementia care. We saw evidence of visits from the facilities and property officers. Time with such people would also be arranged for the new maintenance officer as part of their induction. Accident and incident records were seen and contained information about what action had been taken. These formed part of the manager's responsibilities, which also included audits of areas such as infection control, medication and the environment. In addition, Powys Council had recently completed a food hygiene and health & safety inspection. Actions identified were being addressed by the service.

People therefore benefit from a service that has quality assurance systems in place to continually assess the service.

The leadership and management team ensure trained, appropriately recruited and well-led staff support people.

We checked the personnel file of four staff members. These included new staff members and those that had been recruited since the change of provider. All the appropriate checks had been carried out and relevant documents were in place, although some had to be accessed via the central office. We saw staff engaged in regular supervision and an annual appraisal. Staff told us they felt well supported and were happy in their roles, comments included *“really good regular supervisions and appraisals”* and *“the manager is very supportive”*. The manager was seen to be accessible to staff, people and visitors throughout the inspection. They also completed regular shifts. We felt staffing levels were appropriate, although some staff felt an additional member of staff would be beneficial at times during busy periods. We found mandatory training was up to date, although due to the change of provider training was under review. Future training included a comprehensive package of training in relation to dementia care. This we felt would benefit staff as people were regularly seen sleeping and sitting quietly in the communal areas. A more interactive approach to working with people living with dementia would further develop the service. People are supported by a dedicated staff team who are well supported and want to make a difference to their lives.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection of this service since it was registered under the new Regulation and Inspection of Social Care Wales Act 2016 (RISCA).

5.2 Recommendations for improvement

We recommended the following areas for improvement:

- Records: To ensure initial assessments/ personal plans are provided by commissioning authorities, and held in people's files.
- Personal plans: To ensure there is clear reference to the involvement of people and/ or their relatives in the care planning and review process.
- Records: To ensure more consistencies in relation to monitoring and recording people's skin integrity, weights and nutritional intake.
- Interaction and stimulation: To further develop a culture whereby all staff working within the home are responsible for stimulating and engaging with activities with people living at the home.
- Policies and procedures: To update the safeguarding policy.
- Health and safety: To ensure regular fire checks are being carried out.
- Environment: To review the use of commodes in every bedroom.
- Environment: To monitor the temperature in the communal areas of the home.
- Environment: To review storage of mobility equipment in communal areas. To ensure areas such as the laundry and storage cupboards are locked.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 15 January 2020 between 08.30a.m. to 5.00p.m. We did a follow-up visit on 17 January 2020 between 08.30a.m. and 2.00p.m.

The following method was used:

- We met the manager and were given a comprehensive tour of the home.
- We had discussions with the manager and members of the quality and compliance team.
- We looked at a range of care and other records, including medication, accidents and incidents.
- We selected four care files to examine and discussed the contents of the written records, risk assessments, care assessment, personal plan and reviews.
- We observed at various times, communication between people and the staff.
- We discussed and examined the staff recruitment, training and supervision records.
- We inspected the home's statement of purpose and written guide.
- We had conversations with many of the care, catering and housekeeping staff on duty.
- We spoke to a visiting social worker.
- We met and spoke with a number of relatives during the inspection.
- We assessed the well-being and care provision for people who have made their home at The Grove.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Shaw healthcare (Group) Limited
Responsible Individual	Peter John Jeremy Nixey
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	19/12/2018
Dates of this Inspection visit(s)	15/01/2020 & 17/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information: This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh Language and cultural needs of people who use, or may use the service.	

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